

LEAVE LETTER

Date:_____

Your Employer's Name
Name of the Company
Office Address

Dear Sir or Madam,

I am writing to request a one-month medical leave of absence beginning_____, and ending_____. I will be having surgery—my surgeon has ordered a minimum three-week recovery period (see doctor's signed recommendation attached.)

I am happy to assist in handling any necessary preparations before beginning my leave, including training colleagues on upcoming projects. Thank you so much for your understanding.

Sincerely,
(Your Name)